



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

Office Use Only ☐

## Section 1: Cover Sheet

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the Lobbyist Reporting Form: Individual Reporting Guide

This form must be submitted in its original digital format. Please do not print or scan this form.

LOBBYIST NAME	Title Mr.			First Name* Trey		Middle 
	Last Name* Salinas		Suffix 			
	<input type="checkbox"/> My employer is a 501c(3) non-profit organization					
EMPLOYING ENTITY	<input checked="" type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf Entity/Organization Name* 3 Point Partners					
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address* 812 San Antonio St		Apartment or Suite Number #400			
	City* Austin		State* TX	Zip Code* 78701		
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address* 812 San Antonio St		Apartment or Suite Number #400			
	City* Austin		State* TX	Zip Code* 78701		

\* Indicates a required field



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REPORT TYPE \*

*Check all that apply*

- ☐ I am registering as a new lobbyist
- ☐ I am renewing my annual lobbyist registration
- ☐ I am updating my current registration information outside of a Quarterly Activity Reporting Period
- ☒ I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
- ☐ January ☐ April ☒ July ☐ October
- ☐ I am correcting the information provided on a previously filed report
- Previous Report Type:  Previous Report Date:
- ☐ I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.



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## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Austin Police Meet and Confer Contract		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input checked="" type="checkbox"/> Affordability                                   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling                      |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input checked="" type="checkbox"/> Labor or Workforce  | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making   |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees  |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility  |
| <input checked="" type="checkbox"/> Contracts or Procurement                        | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting  |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion                 | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |  |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other: <input type="text"/>  |  |

Add Additional Municipal Question

Delete this page

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION *	Austin Police Officer Funding		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s) \*: Check all subject matters that apply to the municipal question above

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                            | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input type="checkbox"/> Affordability   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals   | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation  | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling                      |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries                    | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation  | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                                   | <input checked="" type="checkbox"/> Labor or Workforce  | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making   |
| <input checked="" type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees  |
| <input type="checkbox"/> Code Compliance   | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications  |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility  |
| <input type="checkbox"/> Contracts or Procurement  | <input checked="" type="checkbox"/> Neighborhoods   | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                                       | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |  |
| <input type="checkbox"/> Economic Development  | <input type="checkbox"/> Other: <input type="text"/>  |  |

Add Additional Municipal Question

Delete this page

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION *	Austin Energy Generation Plan		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s) \*: Check all subject matters that apply to the municipal question above

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input checked="" type="checkbox"/> Affordability                                   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response  |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs                                    |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate   |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                 |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input checked="" type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility  |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |  |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>  |  |

Add Additional Municipal Question

Delete this page

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION *	Austin Energy Rates		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s) \*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input checked="" type="checkbox"/> Affordability                                   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs                                   |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>  |   |

Add Additional Municipal Question

Delete this page

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION *	Body Cameras		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s) \*: Check all subject matters that apply to the municipal question above

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input type="checkbox"/> Affordability  | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling                      |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making   |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees  |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input checked="" type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility  |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |  |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other: <input type="text"/>  |  |

Add Additional Municipal Question

Delete this page

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION *	Land use issues
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<div><input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.</div> <div><div>Address</div><div>Suite or Apartment Number</div><div>City</div><div>State</div><div>Zip Code</div><div>Property Legal Description</div></div>

Subject Matter(s) \*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input checked="" type="checkbox"/> Affordability                                   | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs                                   |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input checked="" type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making                     |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use                              | <input checked="" type="checkbox"/> Taxation or Fees  |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input checked="" type="checkbox"/> Construction                                    | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION *	MUD Issues		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s) \*: Check all subject matters that apply to the municipal question above

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input checked="" type="checkbox"/> Affordability                                   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input checked="" type="checkbox"/> Annexation                                      | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling                      |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input checked="" type="checkbox"/> Real Estate  |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making   |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use                              | <input type="checkbox"/> Taxation or Fees  |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility  |
| <input type="checkbox"/> Contracts or Procurement                                   | <input checked="" type="checkbox"/> Neighborhoods   | <input checked="" type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums                  |  |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>  |  |

Add Additional Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION *	Real Estate		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s) \*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                            |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs                                   |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input checked="" type="checkbox"/> Real Estate   |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input type="checkbox"/> Labor or Workforce   | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making                     |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use                              | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input checked="" type="checkbox"/> Construction                                    | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input checked="" type="checkbox"/> Contracts or Procurement                        | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>  |   |

Add Additional Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION *	Renewable Energy		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s) \*: Check all subject matters that apply to the municipal question above

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input type="checkbox"/> Affordability  | <input checked="" type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                            | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response  |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation   | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                              | <input checked="" type="checkbox"/> Quality of Life Affairs                                    |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration   | <input type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce  | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                 |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use  | <input type="checkbox"/> Taxation or Fees  |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court   | <input type="checkbox"/> Technology or Communications  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation   | <input type="checkbox"/> Transportation or Mobility  |
| <input checked="" type="checkbox"/> Contracts or Procurement                        | <input type="checkbox"/> Neighborhoods   | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums  |  |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>   |  |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION *	Right of way permitting issues		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s) \*: Check all subject matters that apply to the municipal question above

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input checked="" type="checkbox"/> Affordability                                   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                                      | <input checked="" type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                            | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation   | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                              | <input checked="" type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration   | <input checked="" type="checkbox"/> Real Estate  |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input type="checkbox"/> Labor or Workforce  | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use   | <input checked="" type="checkbox"/> Taxation or Fees   |
| <input checked="" type="checkbox"/> Code Compliance                                 | <input type="checkbox"/> Municipal Court   | <input checked="" type="checkbox"/> Technology or Communications   |
| <input checked="" type="checkbox"/> Construction                                    | <input type="checkbox"/> Municipal Legislation   | <input type="checkbox"/> Transportation or Mobility  |
| <input checked="" type="checkbox"/> Contracts or Procurement                        | <input checked="" type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums  |  |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>   |  |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION *	Short Term Rental		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s) \*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input checked="" type="checkbox"/> Affordability                                   | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input checked="" type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input checked="" type="checkbox"/> Hospitality, Tourism, Events, or Convention Center        | <input checked="" type="checkbox"/> Quality of Life Affairs                                   |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input checked="" type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making                     |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input checked="" type="checkbox"/> Taxation or Fees  |
| <input checked="" type="checkbox"/> Code Compliance                                 | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>  |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Water Rates		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input checked="" type="checkbox"/> Affordability                                   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                            | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response  |
| <input checked="" type="checkbox"/> Annexation                                      | <input type="checkbox"/> Historic Preservation   | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                              | <input checked="" type="checkbox"/> Quality of Life Affairs                                    |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration   | <input type="checkbox"/> Real Estate   |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input type="checkbox"/> Labor or Workforce  | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making                      |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use   | <input checked="" type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court   | <input type="checkbox"/> Technology or Communications  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation   | <input type="checkbox"/> Transportation or Mobility  |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods   | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums  |  |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other: <input type="text"/>   |  |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION *	Cultural Arts Funding		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s) \*: Check all subject matters that apply to the municipal question above

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                    | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability   | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals   | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation  | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input checked="" type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs                                   |
| <input type="checkbox"/> Aviation  | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                           | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems    | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance   | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                      | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                               | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development  | <input type="checkbox"/> Other: <input type="text"/>  |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Transportation		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments   | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                            | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation   | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input checked="" type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs                                   |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration   | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce  | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use  | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court   | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation   | <input checked="" type="checkbox"/> Transportation or Mobility                                |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods   | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums  |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other: <input type="text"/>   |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION *	Technology and Procurement		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s) \*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> Affordability  | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input checked="" type="checkbox"/> Technology or Communications                              |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input checked="" type="checkbox"/> Contracts or Procurement                        | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other: <input type="text"/>  |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Airbnb"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="888 Brannan Street"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="San Francisco"/></td><td><input type="text" value="CA"/></td><td><input type="text" value="94107"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Short Term Rentals"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="888 Brannan Street"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="San Francisco"/>	<input type="text" value="CA"/>	<input type="text" value="94107"/>	Nature of Client's Business*			<input type="text" value="Short Term Rentals"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="888 Brannan Street"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="San Francisco"/>	<input type="text" value="CA"/>	<input type="text" value="94107"/>																	
Nature of Client's Business*																			
<input type="text" value="Short Term Rentals"/>																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td><input type="text" value="less than \$10,000"/></td><td>OR</td><td><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$) Exact Amount	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>
Compensation Category*		(\$) Exact Amount					
<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>					

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Apex Bethel Energy Center LLC																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>3200 Southwest Freeway</td><td colspan="2">Suite 2210</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Houston</td><td>TX</td><td>77027</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Energy</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		3200 Southwest Freeway	Suite 2210		Client City*	Client State*	Client Zip Code*	Houston	TX	77027	Nature of Client's Business*			Energy		
Client Business Address*	Client Apartment or Suite Number																		
3200 Southwest Freeway	Suite 2210																		
Client City*	Client State*	Client Zip Code*																	
Houston	TX	77027																	
Nature of Client's Business*																			
Energy																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Armbrust & Brown LLP																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>100 Congress Ave.</td><td colspan="2">Suite 1300</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Law Firm</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		100 Congress Ave.	Suite 1300		Client City*	Client State*	Client Zip Code*	Austin	TX	78701	Nature of Client's Business*			Law Firm		
Client Business Address*	Client Apartment or Suite Number																		
100 Congress Ave.	Suite 1300																		
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78701																	
Nature of Client's Business*																			
Law Firm																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$) Exact Amount	\$0	OR	
Compensation Category*		(\$) Exact Amount					
\$0	OR						

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="AT&amp;T"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="816 Congress Ave"/></td><td colspan="2"><input type="text" value="Suite 1100"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78701"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Communications"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="816 Congress Ave"/>	<input type="text" value="Suite 1100"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>	Nature of Client's Business*			<input type="text" value="Communications"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="816 Congress Ave"/>	<input type="text" value="Suite 1100"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>																	
Nature of Client's Business*																			
<input type="text" value="Communications"/>																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td><input type="text" value="\$0"/></td><td>OR</td><td><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$) Exact Amount	<input type="text" value="\$0"/>	OR	<input type="text"/>
Compensation Category*		(\$) Exact Amount					
<input type="text" value="\$0"/>	OR	<input type="text"/>					

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Greater Austin Crime Commission																								
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>PO Box 27016</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78755</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">Non-profit</td></tr></table>	Client Business Address*	Client Apartment or Suite Number			PO Box 27016				Client City*	Client State*	Client Zip Code*		Austin	TX	78755		Nature of Client's Business*				Non-profit			
Client Business Address*	Client Apartment or Suite Number																								
PO Box 27016																									
Client City*	Client State*	Client Zip Code*																							
Austin	TX	78755																							
Nature of Client's Business*																									
Non-profit																									

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	less than \$10,000	OR		
Compensation Category*		(\$)	Exact Amount						
less than \$10,000	OR								

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Austin Police Association"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="5817 Wilcab Road"/></td><td colspan="2"><input type="text" value="Suite 1"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78721"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Membership Association"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="5817 Wilcab Road"/>	<input type="text" value="Suite 1"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78721"/>	Nature of Client's Business*			<input type="text" value="Membership Association"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="5817 Wilcab Road"/>	<input type="text" value="Suite 1"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78721"/>																	
Nature of Client's Business*																			
<input type="text" value="Membership Association"/>																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td><input type="text" value="\$0"/></td><td>OR</td><td colspan="2"><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="\$0"/>	OR	<input type="text"/>	
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="\$0"/>	OR	<input type="text"/>							

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Axon Enterprise, Inc.																								
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>17800 N 85th St</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>Scottsdale</td><td>AZ</td><td colspan="2">85255</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">Manufacturer of body cameras</td></tr></table>	Client Business Address*	Client Apartment or Suite Number			17800 N 85th St				Client City*	Client State*	Client Zip Code*		Scottsdale	AZ	85255		Nature of Client's Business*				Manufacturer of body cameras			
Client Business Address*	Client Apartment or Suite Number																								
17800 N 85th St																									
Client City*	Client State*	Client Zip Code*																							
Scottsdale	AZ	85255																							
Nature of Client's Business*																									
Manufacturer of body cameras																									

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Brandywine Realty Trust																								
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>1501 S Mopac</td><td colspan="3">Suite 310</td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78746</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">Real Estate</td></tr></table>	Client Business Address*	Client Apartment or Suite Number			1501 S Mopac	Suite 310			Client City*	Client State*	Client Zip Code*		Austin	TX	78746		Nature of Client's Business*				Real Estate			
Client Business Address*	Client Apartment or Suite Number																								
1501 S Mopac	Suite 310																								
Client City*	Client State*	Client Zip Code*																							
Austin	TX	78746																							
Nature of Client's Business*																									
Real Estate																									

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	less than \$10,000	OR		
Compensation Category*		(\$)	Exact Amount						
less than \$10,000	OR								

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* CCARE																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>c\o Brandywine Realty, 1501 S Mopac</td><td colspan="2">Suite 310</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Business League</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		c\o Brandywine Realty, 1501 S Mopac	Suite 310		Client City*	Client State*	Client Zip Code*	Austin	TX	78746	Nature of Client's Business*			Business League		
Client Business Address*	Client Apartment or Suite Number																		
c\o Brandywine Realty, 1501 S Mopac	Suite 310																		
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78746																	
Nature of Client's Business*																			
Business League																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	less than \$10,000	OR		
Compensation Category*		(\$)	Exact Amount						
less than \$10,000	OR								

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Cypress Real Estate Advisors																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1601 S Mopac</td><td colspan="2">Suite 175</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1601 S Mopac	Suite 175		Client City*	Client State*	Client Zip Code*	Austin	TX	78746	Nature of Client's Business*			Real Estate		
Client Business Address*	Client Apartment or Suite Number																		
1601 S Mopac	Suite 175																		
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78746																	
Nature of Client's Business*																			
Real Estate																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Cypress Semiconductor																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>Champion Court</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>San Jose</td><td>CA</td><td>95134</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">High Tech</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		Champion Court			Client City*	Client State*	Client Zip Code*	San Jose	CA	95134	Nature of Client's Business*			High Tech		
Client Business Address*	Client Apartment or Suite Number																		
Champion Court																			
Client City*	Client State*	Client Zip Code*																	
San Jose	CA	95134																	
Nature of Client's Business*																			
High Tech																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Endeavor Real Estate Group																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>221 West 6th Street</td><td colspan="2">Suite 1300</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		221 West 6th Street	Suite 1300		Client City*	Client State*	Client Zip Code*	Austin	TX	78701	Nature of Client's Business*			Real Estate		
Client Business Address*	Client Apartment or Suite Number																		
221 West 6th Street	Suite 1300																		
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78701																	
Nature of Client's Business*																			
Real Estate																			

### Section 3b: Client Compensation

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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$) Exact Amount	\$0	OR	
Compensation Category*		(\$) Exact Amount					
\$0	OR						

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Goveia Real Estate																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>24855 Del Prado</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Dana Point</td><td>CA</td><td>92629</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		24855 Del Prado			Client City*	Client State*	Client Zip Code*	Dana Point	CA	92629	Nature of Client's Business*			Real Estate Development		
Client Business Address*	Client Apartment or Suite Number																		
24855 Del Prado																			
Client City*	Client State*	Client Zip Code*																	
Dana Point	CA	92629																	
Nature of Client's Business*																			
Real Estate Development																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="HDR, Inc"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="4401 West Gate Blvd"/></td><td colspan="2"><input type="text" value="Suite 400"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78745"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Engineering Firm"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="4401 West Gate Blvd"/>	<input type="text" value="Suite 400"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78745"/>	Nature of Client's Business*			<input type="text" value="Engineering Firm"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="4401 West Gate Blvd"/>	<input type="text" value="Suite 400"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78745"/>																	
Nature of Client's Business*																			
<input type="text" value="Engineering Firm"/>																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td><input type="text" value="\$0"/></td><td>OR</td><td colspan="2"><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="\$0"/>	OR	<input type="text"/>	
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="\$0"/>	OR	<input type="text"/>							

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Lincoln Clean Energy"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="401 N Michigan Ave"/></td><td colspan="2"><input type="text" value="Suite 501"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Chicago"/></td><td><input type="text" value="IL"/></td><td><input type="text" value="60611"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Renewable Energy"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="401 N Michigan Ave"/>	<input type="text" value="Suite 501"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Chicago"/>	<input type="text" value="IL"/>	<input type="text" value="60611"/>	Nature of Client's Business*			<input type="text" value="Renewable Energy"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="401 N Michigan Ave"/>	<input type="text" value="Suite 501"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Chicago"/>	<input type="text" value="IL"/>	<input type="text" value="60611"/>																	
Nature of Client's Business*																			
<input type="text" value="Renewable Energy"/>																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td><input type="text" value="\$0"/></td><td>OR</td><td colspan="2"><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="\$0"/>	OR	<input type="text"/>	
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="\$0"/>	OR	<input type="text"/>							

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="North Austin MUD #1"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="2601 Forest Creek Dr."/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Round Rock"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78665"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Utility District"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="2601 Forest Creek Dr."/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Round Rock"/>	<input type="text" value="TX"/>	<input type="text" value="78665"/>	Nature of Client's Business*			<input type="text" value="Utility District"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="2601 Forest Creek Dr."/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Round Rock"/>	<input type="text" value="TX"/>	<input type="text" value="78665"/>																	
Nature of Client's Business*																			
<input type="text" value="Utility District"/>																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td><input type="text" value="\$0"/></td><td>OR</td><td><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$) Exact Amount	<input type="text" value="\$0"/>	OR	<input type="text"/>
Compensation Category*		(\$) Exact Amount					
<input type="text" value="\$0"/>	OR	<input type="text"/>					

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Northtown MUD		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	1421 Wells Branch Pkwy	Bldg 1, Suite 106	
	Client City*	Client State*	Client Zip Code*
	Pflugerville	TX	78660
	Nature of Client's Business* Utility District		

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*		(\$)	Exact Amount
	\$0	OR		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <div></div>			

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* NXP Semiconductor, Inc.																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>6501 William Cannon Drive West</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78735</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">High Tech</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		6501 William Cannon Drive West			Client City*	Client State*	Client Zip Code*	Austin	TX	78735	Nature of Client's Business*			High Tech		
Client Business Address*	Client Apartment or Suite Number																		
6501 William Cannon Drive West																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78735																	
Nature of Client's Business*																			
High Tech																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Samsung Austin Semiconductor, LLC																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>12100 Samsung Blvd</td><td colspan="2">#110</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78754</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">High Tech</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		12100 Samsung Blvd	#110		Client City*	Client State*	Client Zip Code*	Austin	TX	78754	Nature of Client's Business*			High Tech		
Client Business Address*	Client Apartment or Suite Number																		
12100 Samsung Blvd	#110																		
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78754																	
Nature of Client's Business*																			
High Tech																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	less than \$10,000	OR		
Compensation Category*		(\$)	Exact Amount						
less than \$10,000	OR								

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																								
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Seton Healthcare																								
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>1201 W 38th St</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78705</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">Healthcare Network</td></tr></table>	Client Business Address*	Client Apartment or Suite Number			1201 W 38th St				Client City*	Client State*	Client Zip Code*		Austin	TX	78705		Nature of Client's Business*				Healthcare Network			
Client Business Address*	Client Apartment or Suite Number																								
1201 W 38th St																									
Client City*	Client State*	Client Zip Code*																							
Austin	TX	78705																							
Nature of Client's Business*																									
Healthcare Network																									

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$) Exact Amount	\$0	OR	
Compensation Category*		(\$) Exact Amount					
\$0	OR						

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Torchy's Tacos"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="999 E Basse Rd"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="San Antonio"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78209"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Restaurants"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="999 E Basse Rd"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="San Antonio"/>	<input type="text" value="TX"/>	<input type="text" value="78209"/>	Nature of Client's Business*			<input type="text" value="Restaurants"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="999 E Basse Rd"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="San Antonio"/>	<input type="text" value="TX"/>	<input type="text" value="78209"/>																	
Nature of Client's Business*																			
<input type="text" value="Restaurants"/>																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td><input type="text" value="\$0"/></td><td>OR</td><td><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*	(\$)	Exact Amount	<input type="text" value="\$0"/>	OR	<input type="text"/>
Compensation Category*	(\$)	Exact Amount					
<input type="text" value="\$0"/>	OR	<input type="text"/>					

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Travis County Fire Rescue ESD #11																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>9019 Elroy Road</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Del Valle</td><td>TX</td><td>78617</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Emergency Services</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		9019 Elroy Road			Client City*	Client State*	Client Zip Code*	Del Valle	TX	78617	Nature of Client's Business*			Emergency Services		
Client Business Address*	Client Apartment or Suite Number																		
9019 Elroy Road																			
Client City*	Client State*	Client Zip Code*																	
Del Valle	TX	78617																	
Nature of Client's Business*																			
Emergency Services																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Walmart Stores, Inc"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="2001 Southeast 10th St"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Bentonville"/></td><td><input type="text" value="AR"/></td><td><input type="text" value="72713"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Retail Merchant"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="2001 Southeast 10th St"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Bentonville"/>	<input type="text" value="AR"/>	<input type="text" value="72713"/>	Nature of Client's Business*			<input type="text" value="Retail Merchant"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="2001 Southeast 10th St"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Bentonville"/>	<input type="text" value="AR"/>	<input type="text" value="72713"/>																	
Nature of Client's Business*																			
<input type="text" value="Retail Merchant"/>																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td><input type="text" value="\$0"/></td><td>OR</td><td colspan="2"><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="\$0"/>	OR	<input type="text"/>	
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="\$0"/>	OR	<input type="text"/>							

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Water Control Irrigation District #10																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>5450 Bee Cave</td><td colspan="2">#2A</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Utility District</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		5450 Bee Cave	#2A		Client City*	Client State*	Client Zip Code*	Austin	TX	78746	Nature of Client's Business*			Utility District		
Client Business Address*	Client Apartment or Suite Number																		
5450 Bee Cave	#2A																		
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78746																	
Nature of Client's Business*																			
Utility District																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  <input checked="" type="checkbox"/> Client is an individual	Client Title	Client First Name*	Middle
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Organization Name or Client Last Name, as applicable*	Client Suffix	
	<input type="text" value="Wayne Reaud"/>	<input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	<input type="text" value="98 San Jacinto Blvd"/>		<input type="text" value="Suite 1400"/>
	Client City*	Client State*	Client Zip Code*
	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	Nature of Client's Business*		
	<input type="text" value="Property Owner"/>		

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	<input type="text" value="\$0"/>	OR	<input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <input type="text"/>		

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Wells Branch MUD																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>3000 Shoreline Dr.</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78728</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Utility District</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		3000 Shoreline Dr.			Client City*	Client State*	Client Zip Code*	Austin	TX	78728	Nature of Client's Business*			Utility District		
Client Business Address*	Client Apartment or Suite Number																		
3000 Shoreline Dr.																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78728																	
Nature of Client's Business*																			
Utility District																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="White Lodging Services Corp"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="701 East 83rd Ave"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Merrillville"/></td><td><input type="text" value="IN"/></td><td><input type="text" value="46410"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Developer"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="701 East 83rd Ave"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Merrillville"/>	<input type="text" value="IN"/>	<input type="text" value="46410"/>	Nature of Client's Business*			<input type="text" value="Developer"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="701 East 83rd Ave"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Merrillville"/>	<input type="text" value="IN"/>	<input type="text" value="46410"/>																	
Nature of Client's Business*																			
<input type="text" value="Developer"/>																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td><input type="text" value="\$0"/></td><td>OR</td><td colspan="2"><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="\$0"/>	OR	<input type="text"/>	
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="\$0"/>	OR	<input type="text"/>							

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Zach Theatre																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1510 Toomey Road</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78704</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Entertainment</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1510 Toomey Road			Client City*	Client State*	Client Zip Code*	Austin	TX	78704	Nature of Client's Business*			Entertainment		
Client Business Address*	Client Apartment or Suite Number																		
1510 Toomey Road																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78704																	
Nature of Client's Business*																			
Entertainment																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <div>Lime Bike</div>		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	<div>2121 S El Camino Real</div>	<div>Ste B100</div>	
	Client City*	Client State*	Client Zip Code*
	<div>San Mateo</div>	<div>CA</div>	<div>94403-1861</div>
	Nature of Client's Business* <div>Ride Sharing Bikes</div>		

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*		(\$) Exact Amount
	<div>less than \$10,000</div>	OR	<div></div>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max): <div></div>		

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Zydeco Development																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>901 Rio Grande</td><td colspan="2">Suite 200</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		901 Rio Grande	Suite 200		Client City*	Client State*	Client Zip Code*	Austin	TX	78701	Nature of Client's Business*			Real Estate Development		
Client Business Address*	Client Apartment or Suite Number																		
901 Rio Grande	Suite 200																		
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78701																	
Nature of Client's Business*																			
Real Estate Development																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Orange Barrel Media"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="250 North Hartford Avenue"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Columbus"/></td><td><input type="text" value="OH"/></td><td><input type="text" value="43222"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Advertising"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="250 North Hartford Avenue"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Columbus"/>	<input type="text" value="OH"/>	<input type="text" value="43222"/>	Nature of Client's Business*			<input type="text" value="Advertising"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="250 North Hartford Avenue"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Columbus"/>	<input type="text" value="OH"/>	<input type="text" value="43222"/>																	
Nature of Client's Business*																			
<input type="text" value="Advertising"/>																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td><input type="text" value="less than \$10,000"/></td><td>OR</td><td><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$) Exact Amount	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>
Compensation Category*		(\$) Exact Amount					
<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>					

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
----------------------	--

CLIENT NAME  <input checked="" type="checkbox"/> Client is an individual	Client Title	Client First Name*	Middle
		Richard	
	Organization Name or Client Last Name, as applicable*	Client Suffix	
	Garriott de Cayeaux		

CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	7400 Coldwater Canyon Dr		
	Client City*	Client State*	Client Zip Code*
	Austin	TX	78730
	Nature of Client's Business*		
	N/A		

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Veritas Family Partners Land Ltd.																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>P.O. Box 160340</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78716</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		P.O. Box 160340			Client City*	Client State*	Client Zip Code*	Austin	TX	78716	Nature of Client's Business*			Real Estate Development		
Client Business Address*	Client Apartment or Suite Number																		
P.O. Box 160340																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78716																	
Nature of Client's Business*																			
Real Estate Development																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$) Exact Amount	less than \$10,000	OR	
Compensation Category*		(\$) Exact Amount					
less than \$10,000	OR						

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Niido/Newgard Development Group"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="1300 Brickell Bay Drive, Suite 400"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Miami"/></td><td><input type="text" value="FL"/></td><td><input type="text" value="33131"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Real Estate Development and Short Term Rentals"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="1300 Brickell Bay Drive, Suite 400"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Miami"/>	<input type="text" value="FL"/>	<input type="text" value="33131"/>	Nature of Client's Business*			<input type="text" value="Real Estate Development and Short Term Rentals"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="1300 Brickell Bay Drive, Suite 400"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Miami"/>	<input type="text" value="FL"/>	<input type="text" value="33131"/>																	
Nature of Client's Business*																			
<input type="text" value="Real Estate Development and Short Term Rentals"/>																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td><input type="text" value="\$0"/></td><td>OR</td><td colspan="2"><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="\$0"/>	OR	<input type="text"/>	
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="\$0"/>	OR	<input type="text"/>							

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Downtown Austin Alliance																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>211 E. 7th Street</td><td colspan="2">818</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Advocacy Organization</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		211 E. 7th Street	818		Client City*	Client State*	Client Zip Code*	Austin	TX	78701	Nature of Client's Business*			Advocacy Organization		
Client Business Address*	Client Apartment or Suite Number																		
211 E. 7th Street	818																		
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78701																	
Nature of Client's Business*																			
Advocacy Organization																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*	(\$)	Exact Amount	\$0	OR	
Compensation Category*	(\$)	Exact Amount					
\$0	OR						

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Eureka Holdings Inc																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>603 W 8th St</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		603 W 8th St			Client City*	Client State*	Client Zip Code*	Austin	TX	78701	Nature of Client's Business*			Real Estate Development		
Client Business Address*	Client Apartment or Suite Number																		
603 W 8th St																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78701																	
Nature of Client's Business*																			
Real Estate Development																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$) Exact Amount	less than \$10,000	OR	
Compensation Category*		(\$) Exact Amount					
less than \$10,000	OR						

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME  <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Oracle America Inc"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="1910 Oracle Way"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Reston"/></td><td><input type="text" value="VA"/></td><td><input type="text" value="20190"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Network computing infrastructure solutions company"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="1910 Oracle Way"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Reston"/>	<input type="text" value="VA"/>	<input type="text" value="20190"/>	Nature of Client's Business*			<input type="text" value="Network computing infrastructure solutions company"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="1910 Oracle Way"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Reston"/>	<input type="text" value="VA"/>	<input type="text" value="20190"/>																	
Nature of Client's Business*																			
<input type="text" value="Network computing infrastructure solutions company"/>																			

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td><input type="text" value="\$0"/></td><td>OR</td><td colspan="2"><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="\$0"/>	OR	<input type="text"/>	
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="\$0"/>	OR	<input type="text"/>							

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT	<input checked="" type="checkbox"/> I employed or retained no employees during the applicable reporting period																		
PERSON EMPLOYED OR RETAINED	<table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Last Name*</td><td>Suffix</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr><tr><td>Employer*</td><td>Occupation*</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr></table>	Title	First Name*	Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last Name*	Suffix		<input type="text"/>	<input type="text"/>		Employer*	Occupation*		<input type="text"/>	<input type="text"/>	
Title	First Name*	Middle																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Last Name*	Suffix																		
<input type="text"/>	<input type="text"/>																		
Employer*	Occupation*																		
<input type="text"/>	<input type="text"/>																		
BUSINESS ADDRESS	<table><tr><td>Business Address*</td><td>Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr></table>	Business Address*	Apartment or Suite Number	<input type="text"/>	<input type="text"/>	City*	State* Zip Code*	<input type="text"/>	<input type="text"/> <input type="text"/>										
Business Address*	Apartment or Suite Number																		
<input type="text"/>	<input type="text"/>																		
City*	State* Zip Code*																		
<input type="text"/>	<input type="text"/> <input type="text"/>																		
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	<p><input type="checkbox"/> Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)?</p> <p>If yes, describe the nature of their employment *required if the above box is checked</p> <p><input type="text"/></p> <table><tr><td>First Name of Mayor/Council Member</td><td>Last Name of Mayor/Council Member</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	First Name of Mayor/Council Member	Last Name of Mayor/Council Member	<input type="text"/>	<input type="text"/>														
First Name of Mayor/Council Member	Last Name of Mayor/Council Member																		
<input type="text"/>	<input type="text"/>																		

\* Indicates a required field

Add Another Employee Page

Delete this page



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 5: Statement of No Activity

### STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

Lobbyists who have no reportable activity for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the No Activity Confirmation, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

### No Activity Confirmation

- ☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



# Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

<b>EXPENDITURE TOTALS</b>  (Blank values will be interpreted as \$0)	(\$ ) Reimbursement to Others	\$0.00
	(\$ ) Food and Beverages	\$0.00
	(\$ ) Transportation and Lodging	\$0.00
	(\$ ) Gifts (other than Awards and Mementos)	\$0.00
	(\$ ) Entertainment	\$0.00
	(\$ ) Awards and Mementos	\$0.00
	(\$ ) Honorariums	\$0.00
	(\$ ) Attendance of Council Members at Charitable Events or Fundraisers	\$0.00
	(\$ ) Media Communications (broadcast, print, advertising, etc.)	\$0.00
	(\$ ) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	\$0.00



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

<b>PAYEE NAME</b>  <b>AND</b>  <b>BUSINESS INTEREST</b>  <input type="checkbox"/> Payee is an individual	<b>Organization Name or Payee Last Name, as applicable*</b> <input type="text"/>  <input type="checkbox"/> This payee is a business or business interest of a City Official If yes, First Name of City Official <input type="text"/> Last Name of City Official <input type="text"/> Department of City Official <input type="text"/> Job Title of City Official <input type="text"/>
<b>PAYEE ADDRESS</b>	<b>Payee Address/ PO Box*</b> <input type="text"/> <b>Payee City*</b> <input type="text"/> <b>Payee Apartment or Suite Number</b> <input type="text"/> <b>Payee State*</b> <input type="text"/> <b>Payee Zip Code*</b> <input type="text"/>
<b>EXPENDITURE DETAILS</b>	<b>(\$) Expenditure Amount*</b> <input type="text"/> <b>Expenditure Date*</b> <input type="text"/> <b>Category*</b> <input type="text"/> <b>Purpose of the Expenditure*</b> <input type="text"/>

Identify each City Official who benefitted from or who may have been influenced by the expenditure, if applicable

City Official First Name	City Official Last Name	Department	Job Title

Add Another Expenditure Page

Delete this page

60 Revised: 9/25/2017



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 8: Declaration and Electronic Submission

### DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Trey Salinas

Typed Name

7/2/2019

Report Date\*

### Electronic Submission and Signature

- ☒ I have completed a Lobbyist Contact Information Form, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.